

**DEPARTMENT OF DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM**

Summary of Benefits

Dental Plan

Effective 1 January 2000

Dental Benefits*

Annual Deductible

Individual	\$100
Family	\$300

Calendar-Year Benefit Maximum

\$1,500 per person

Preventive Care

100%, no deductible

Two visits per calendar year
Oral exams, cleanings, X-rays,
fluoride treatments to age 15,
and sealants to age 18

Basic Care

80% after deductible

Fillings, root canal therapy, extractions,
general anesthesia, space maintainers
to age 19, palliative treatments

Restorative Care

50% after deductible

Inlays, crowns, fixed bridgework,
gold fillings

Oral Surgery

100% of first \$1,000;
then 80% thereafter,
not subject to the
deductible and calendar
year maximum

TMJ Treatment

(Temporomandibular Joint Dysfunction)

50%, no deductible
\$750 lifetime maximum
per person

Orthodontia for adults and children

(includes TMJ appliances)

50%, no deductible
\$1,500 lifetime maximum
per person

* Coverage is subject to reasonable and customary charges.

This chart displays only a general description of your benefits under the DOD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the legal plan documents, the terms of the documents will be used to determine coverages and benefits.

